This Form for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09 370121

Total Fee Calculation

-	Fee Code	Total # Claims	Number Extra	X	Fee	Fee		Total
	Sm./Lg.				Sm. Entity	Lg. Entity		
Basic Filing Fee	- 201/101	30					=	760
Total Claims >20	203/103	19 -20 =	1	x			=	342
Independent Claims >3	202/102	-3 =		x			=	
Mult. Dep Claim Present	204/104						=	
Surcharge	205/105						=	130
English Translation	139							
TOTAL FEE CALCULA	ATION							1232
Fees due upon filing the application:								
Total Filing Fees Due	= \$	1232						
Less Filing Fees Subn	nitted - \$	D						
BALANCE DUE	= \$	1233						
Office of Initial Patent	Examination					••		



Effective November 10, 1998

Application or Docket Number

09/370124

					,			7 71	<u>019</u>	<u> 1 </u>	
CLAIMS AS FILED - P (Column 1)				- PA		ımn 2)	SMALL TYPE	ENTITY	OR	OTHER SMALL	
FC	FOR NUMBER FILED			NUMBER EXTRA		RATE	FEE	1	RATE	FEE	
ВА	SIC FEE							380.00	OR	V and the state of	760.00
TOTAL CLAIMS 39		minus	ninus 20= * 19			X\$ 9=	171	OR	X\$18=	342	
INDEPENDENT CLAIMS		AIMS 3	minus	s 3 =	*		X39=		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT						+130=		OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTAL	751	OR	TOTAL	1102	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)					SMALL	SMALL ENTITY OR			OTHER THAN SMALL ENTITY		
AMENDMENT A	٥	CLAIMS REMAINING AFTER AMENDMEN	^		HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	**		=	X39=		OR	X78=	
	FIRST PRESE	NIATION OF	MULTIPLE DE	PENI	DENT CLAIM	·	+130=		OR	+260=	
							TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)	((Column 2)	(Column 3)	ADDII. FEE			ADDII. FCC	
AMENDMENT B	5	CLAIMS REMAINING AFTER AMENDMEN			HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MO	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	**		=	X39=		OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+130=			+260=	
							TOTAL	ļ	OR	+200=	
							ADDIT. FEE		OR	ADDIT. FEE	
		(Column 1 CLAIMS) 	((Column 2) HIGHEST	(Column 3)					
AMENDMENT C		REMAINING AFTER AMENDMEN	* *		NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	**		=	X39=		OR	X78=	
_	FIRST PRESE	NTATION OF	MULTIPLE DE	PENI	DENT CLAIM						
t If the option is column 1 is less than the option is column 2 write "0" is column 2								OR	+260=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.